

Travel Expense Report

Date Prepared:

Travelers Name:	S.S. #
Department:	List names of other employees traveling together:
Bldg. Or Branch:	
Refer Questions to (phone/email address):	

Date:	Itinerary			Meals & Lodging			
	Travel Points:	Time am/pm		CODES			
				B=Breakfast	L=Lunch	D=Dinner	H=Hotel
	From:	Dep		B		L	
	To:	Arr		D		H	
	From:	Dep		B		L	
	To:	Arr		D		H	
	From:	Dep		B		L	
	To:	Arr		D		H	
	From:	Dep		B		L	
	To:	Arr		D		H	
	From:	Dep		B		L	
	To:	Arr		D		H	
	From:	Dep		B		L	
	To:	Arr		D		H	
				TOTAL:			

- Check list:**
- Registration form/conference info
 - Correct per diem
 - Hotel portfolio enclosed
 - Telephone calles maked
 - Auto rental receipts

Signature of Traveler certifies that "All expended amounts are correct, the travel was by the lowest oractical and reasonable method, and if applicable, the expenses comply with the conditions of the grant or contact."

Date

Signature of Individual Having Authority for Approval

Date